

AUDIT INSPECTION REPORT
CATEGORY _____

(5000)

(No. 6 January, 1999)

AREA _____ UNIT _____ FOR. PRAC. INSP. _____
DATE _____ TIME _____ NUMBER THPS SSIGNED _____
THP* _____ NO. INSP. PER. MO. _____
AUDIT INSPECTOR _____ PERCENT TIME ON FOR. PRAC. _____
PARTICIPANTS _____

OPERATION STATUS:

DESCRIPTION OF OPERATION:

OBSERVATIONS AND FINDINGS:

RECOMMENDATIONS:

REQUIRED FOLLOW-UP:

*Includes exemptions and emergency notices.

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